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## Kenya

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on criteria for starting PEP, evaluation of risk, recommended prophylaxis, and follow-up screening recommendations by patient population. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be downloaded.

**Population** [Download summary page as PDF](#) [E-mail this page](#)  
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-  [Guidelines on Use of Antiretroviral Drugs for Treating and Preventing HIV Infection \(PDF / 2 MB\)](#)

### Low Risk Exposure

### Year Issued:

2014

### Criteria for Starting PEP:

#### Eligibility:

- High risk exposure.
- Exposure within 72 hours.
- Exposed individual is not HIV infected.
- Source individual HIV positive or of unknown HIV status.

### Evaluation of Risk:

Type of exposure: Intact skin.

Source: HIV negative.

Material: Saliva, tears, sweat, faeces, urine sputum, vomit.

### Recommended Prophylaxis:

None indicated

### In Accordance with WHO 2014 PEP Recommendations?:

Y (but drug regimen may differ from WHO recommendation)

## **Occupational and Non-Occupational High Risk Exposure - Adults**

### **Year Issued:**

2014

### **Criteria for Starting PEP:**

#### **Eligibility:**

- High risk exposure.
- Exposure within 72 hours.
- Exposed individual is not HIV infected.
- Source individual HIV positive or of unknown HIV status.

### **Evaluation of Risk:**

Type of exposure: Mucus membrane/ non-intact skin, percutaneous injury.

Source: HIV status unknown; clinically well/unwell.

Material: Semen, vaginal secretions, synovial pleural, pericardial, peritoneal, amniotic fluids. Blood and bloody bodily fluids; CSF; viral cultures in labs.

### **Recommended Prophylaxis:**

Preferred: TDF + 3TC +ATV/r

Time of Initiation: As soon as possible after exposure, but no later than after 72 hours

Duration of Therapy: 28 days

### **Follow-up Screening Recommendations:**

- Follow up with client at 7 days, 14 days, 28 days
- Follow-up HIV testing at 3 and 6 months after exposure
- Pregnancy testing
- Hb (if AZT-containing regimen used for PEP)
- Hepatitis B vaccination if not previously immunized
- Management of side effects due to PEP.

### **In Accordance with WHO 2014 PEP Recommendations?:**

Y (but drug regimen may differ from WHO recommendation)

## **Occupational and Non-Occupational High Risk Exposure - Children**

### **Year Issued:**

2014

### **Criteria for Starting PEP:**

#### **Eligibility:**

- High risk exposure.
- Exposure within 72 hours.
- Exposed individual is not HIV infected.
- Source individual HIV positive or of unknown HIV status.

## **Evaluation of Risk:**

Type of exposure: mucus membrane/ non-intact skin, percutaneous injury.

Source: HIV status unknown; clinically well/unwell.

Material: Semen, vaginal secretions, synovial pleural, pericardial, peritoneal, amniotic fluids. Blood and bloody bodily fluids; CSF; viral cultures in labs.

## **Recommended Prophylaxis:**

Preferred: ABC + 3TC + LPV/r

Time of Initiation: As soon as possible after exposure, but no later than after 72 hours

Duration of Therapy: 28 days

## **Follow-up Screening Recommendations:**

- Follow up client at 7 days, 14 days, 28 days
- Follow-up HIV testing at 3 and 6 months after exposure
- Pregnancy testing
- Hb (if AZT-containing regimen used for PEP)
- Hepatitis B vaccination if not previously immunized
- Management of side effects due to PEP.

## **In Accordance with WHO 2014 PEP Recommendations?:**

Y (but drug regimen may differ from WHO recommendation)

**Sexual Assault**

## **Year Issued:**

2014

## **Criteria for Starting PEP:**

**Eligibility:**

- High risk exposure.
- Exposure within 72 hours.
- Exposed individual is not HIV infected.
- Source individual HIV positive or of unknown HIV status.

## **Evaluation of Risk:**

Type of exposure: Mucus membrane/ non-intact skin, percutaneous injury.

Source: HIV status unknown; clinically well/unwell.

Material: Semen, vaginal secretions, synovial pleural, pericardial, peritoneal, amniotic fluids. Blood and bloody bodily fluids; CSF; viral cultures in labs.

## **Recommended Prophylaxis:**

STI prophylactic treatment to all.

Emergency contraceptive for non-pregnant women.

Tetanus toxoid for any physical injury of skin or mucous membrane.

Documentation of clinical evidence of assault and collection of forensic evidence.

*Note: Refer to National Guidelines on Management of Sexual Violence in Kenya for comprehensive management.*

## **Follow-up Screening Recommendations:**

- Follow up with client at 7 days, 14 days, 28 days
- Follow-up HIV testing at 3 and 6 months after exposure
- Pregnancy testing
- Hb (if AZT-containing regimen used for PEP)
- Hepatitis B vaccination if not previously immunized
- Management of side effects due to PEP

## **In Accordance with WHO 2014 PEP Recommendations?:**

Y (but drug regimen may differ from WHO recommendation)

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